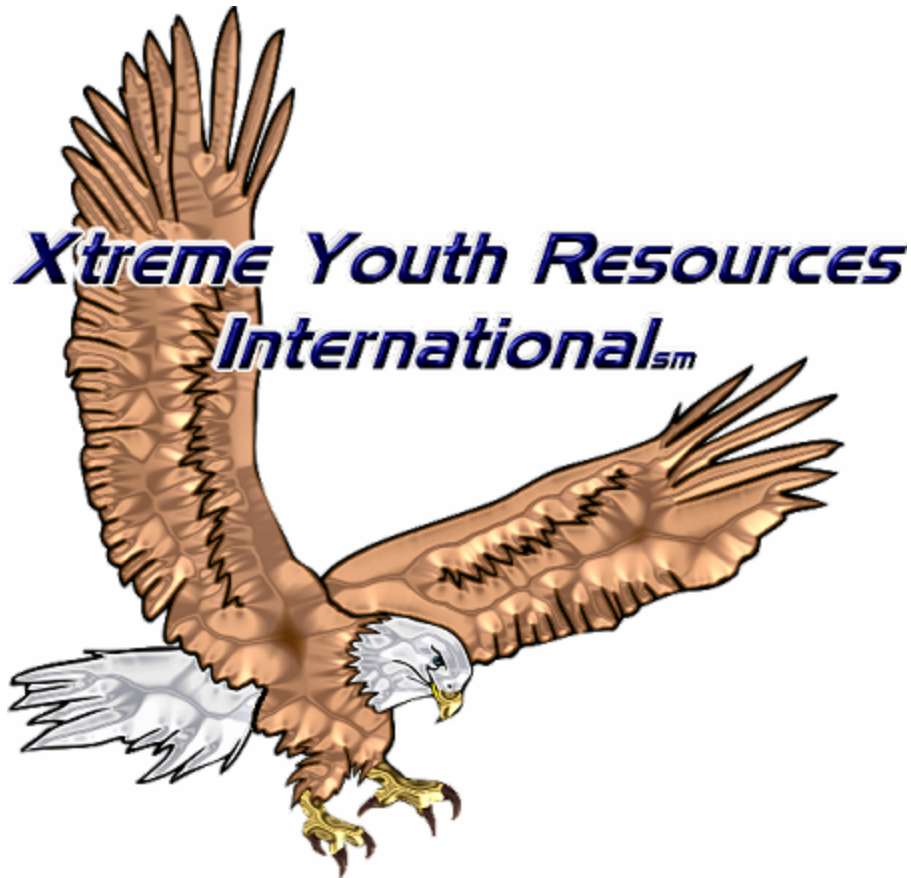


ADVENTIST YOUTH
Pathfinder Club Registration Packet
North American Division



By Master Guides:
Chris Fishell & Randy Raynes

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This Packet is based on the North American Division Pathfinder Department Application. This Packet contains certain documents of a legal nature and Xtreme Youth Resources International does not certify them true and accurate. If you are outside the United States it is strongly recommended that before using these forms you check with your local conference legal counsel. This recommendation includes Canada where all documentation of this type may be required to contain at least some French and other variations to hold legal validity.

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Introduction

The following guide has been developed in order to assist the Pathfinder leader in conducting organized and efficient club member registration programs. This packet includes everything you need to complete the registration process for a club member. A station checklist is included, should you find it to your advantage to set up a multi-station rotation type of process. This has proven very helpful, particularly when there are a large number of young people registering. A packet of the appropriate forms is given to each applicant, and then they visit all of the stations, completing the paper work in the packet as they go. At the last station, they will turn in the appropriate paper work and keep the information that needs to go home with them. We recommend that you have at least one notary public on hand. This will speed up the process of getting all of the forms that require a notary signature completed and returned to you. If you have only one notary on hand, then set up all of the notary paperwork at one station. The forms listed in the table of contents marked * are used by the club staff to run the registration and track the progress of gathering information. You may find it helpful to have a pre-registration sign up. Put a copy of the enclosed form in your church lobby or Sabbath School rooms, and even at the school at least two weeks before your scheduled registration. This basic information will give you a head start for some of your members. You also may want to use an announcement flyer in the school, church, and your local community to let people know about registration. We have enclosed a very basic sample of such a flyer. We have enclosed a station assignments form so that you can plan for who will be running the stations on registration day. It is important to plan this ahead of time so that things will run smoothly. The parents will appreciate things being easy and efficient during the registration process. The paper work status form is designed to let the parent or guardian know about any pending registration information that the club has not yet received from them after the official registration day. Record the information and then give them a copy. This will give them a written record of what they need to complete. The registration completion record form is for administrative use. It records the registration status of all the applicants on one form so that you can easily see what information is missing from the applicants. The other forms and documents should be included in the packet that is given to the applicant and his/her legal guardian. Use the forms and information in whatever way works best for your group. You may want to consider some type of sponsorship program for applicants who cannot afford all or any of the fees associated with the Pathfinder club. It would be a shame for a young person to miss out on the program because of lack of funding.

According to current U.S. Federal standards the medical information and records of an individual must be kept absolutely private. The club's Nurse, Assistant Medical Director, Senior or Executive Deputy or Club Director or Administrative Director should be receiving this information. All of these forms should be put into separate envelopes, one per person and kept in the possession of one of these officers. The charged officer should make the necessary copies of this material; at a machine that 1) the officer is making the copy 2) does not make a "plate" before copying. The officer will then make the appropriate number of envelopes and place the information inside and seal. That officer will distribute the envelopes with the travel binders and collect those envelopes after each distribution. If the officer does not have a personal safe to store such material in then the material should be kept where that officer has access to it without delay but within the church's offices.



Who are Pathfinders?

Pathfinders are a worldwide organization of young people sponsored by the Seventh-day Adventist Church, though young people of any religious persuasion, or none at all, are welcome and encouraged to join the organization.

Pathfinders offer a wide range of activities including, but not limited to:

Camping & camping/survival skills

Grade appropriate leadership training

Activities promoting community pride & involvement through outreach such as helping in downtown soup kitchens, collecting food for the disadvantaged, cleaning & maintaining city and county parks, visiting and encouraging the elderly, and MANY more

Interactive training in a variety of recreational, artistic, nature, conservation, vocational, and outreach areas, with awards (honors) given for successful completion of the interactive training modules

Personal care and encouragement by a caring staff member! While many school classrooms have 10-30 students per teacher, Pathfinders offers AT LEAST a 1 staff member to every 5 Pathfinder ratio!

Objectives

To lead boys and girls to commit their lives to Christ and their church.

To demonstrate the attractiveness of Christian ideals in a positive, church-centered activity program.

To guide boys and girls into active Christian witnessing and community service.

To develop good character, citizenship and physical fitness in young Christians.

Pathfinder Registration Checklist

Parent's Name:

Phone #:

athfinder/T.L.T's Name:

Grade:

Please submit this form at each registration station for verification of completion.
 Stations 1-6 may be completed in any order and are to be completed before station 7
 Station 8 is to be completed last.

<u>Station Name</u>	<u>Fees</u>	<u>Initials</u>	<u>Notes</u>
1 Commitment, Parent/Guardian Agreement, Application Forms	_____	_____	_____ _____ _____
2 Medical Consent Forms <i>(Must be notarized)</i>		_____	_____ _____ _____
3 Waivers and Authorizations <i>(Signature Must Be Witnessed)</i>		_____	_____ _____ _____
4 Pathfinder Questionnaire Parent Questionnaire		_____	_____ _____ _____
5 Dress Uniform <i>(Uniforms issued upon payment)</i>	_____	_____	_____ _____ _____
6 Field Uniform <i>(Uniforms issued upon payment)</i>	_____	_____	_____ _____ _____
7 Total Fees/Invoicing	_____	_____	_____ _____ _____
8 Check Out (Parent Info.)		_____	_____ _____

Special Notes:

Pathfinder Club

Registration & Uniform Fees

Application/Registration Fee.....\$____.____

Field Uniform Fee.....\$____.____

Dress Uniform Fees:

Rental Items:

Shirt/Blouse Rental.....\$____.____

Pants/Skirt Rental.....\$____.____

Purchased Items:

Belt/Buckle.....\$____.____

Tie (Girls/Boys).....\$____.____

Neckerchief/Slide.....\$____.____

Honor Sash.....\$____.____

Name Badge.....\$____.____

Field Uniform Cap.....\$____.____

Total Fees Per Pathfinder = \$____.____

- Actual totals may vary depending on specific uniform needs

Requirements for Pathfinder club membership

1. Youth in grades 5-10 (age 10-15) is the official age for Pathfinder membership. Where two clubs exist, children in grades 5 or 6 (age 10-12) will join the junior club, and those in grades 7-10 (age 13-15) will join the teen club.
 2. Club activities include crafts, campouts, field trips, regular club meetings, and fund-raising campaigns. The Pathfinder must agree before joining the club to participate and cooperate in these activities.
 3. Members must be faithful in attendance. Many clubs establish limits on absences and tardinesses, and Pathfinders who do not comply with these regulations are asked to withdraw from the club.
 4. The *Pathfinders parents must* be willing to cooperate with the regulations and activities of the club, as agreed to on the Pathfinder Application Blank. At times they will be asked to supply money and time to support their child's membership. It is also important that they attend parent meetings sponsored by the Pathfinder club.
 5. New members must pay an application and insurance fee, and all members pay club dues on a monthly or quarterly basis.
 6. Pathfinder should own and regularly wear a complete Pathfinder uniform. They must come to meetings and club sponsored events in full uniform, as advised by the club director. Pathfinders will dress neatly and modestly both in and out of uniform and will refrain from wearing jewelry at any time.
 7. Pathfinders are expected to obey all regulations, instructions, and orders of the Pathfinder staff.
 8. Club members must be willing to participate in community projects and Share Your Faith and Outreach programs (Halloween, Ingathering, etc.).
 9. Club members will be expected to participate and cooperate in all conference events, such as camporees and fairs.
 10. Pathfinders must learn and live by the principles of the Pathfinder Pledge and Law.
 11. The club membership is presented the the Teen of Junior Pathfinder Membership I.D. Card ath the Induction program.
- Page 47, Pathfinder Staff Manual 1998, NAD Pathfinder Department

**The above is a quote from the manual as published and contains the same mistyping as is found in the manual.*

**The following page is suitable for distribution to members and parents.*

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**These items are for your reference and do not supersede any agreement made by you and your child by signing the Parent/Guardian's Agreement Form or the Pathfinder Application.*

Pathfinder Club Membership Application

I would like to enroll in the _____ Pathfinder club. I will attend club meetings, hikes, camping and field trips, missionary adventures and other club activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

Pathfinder Signature: _____

Pathfinder Pledge

By the grace of God,
I will be pure, kind and true
I will keep the Pathfinder Law.
I will be a servant of God
And a friend to man.

Pathfinder Law

1. Keep the Morning Watch
2. Do my honest part
3. Care for my body
4. Keep a level eye
5. Be courteous and obedient
6. Walk softly in the sanctuary
7. Keep a song in my heart
8. Go on God's errands.



Registration Fee \$ _____
Club Dues \$ _____/month

Name: _____ Phone: _____ Last AY Class invested _____

Address: _____ City: _____ State: _____ Zip: _____

School: _____ Grade: _____ Church: _____

E-mail Address: _____

I have been a Pathfinder Yes No, if yes where: _____
 My dad is a Master Guide Yes No My dad has been a Pathfinder: Yes No
 My mother is a Master Guide Yes No My mother has been a Pathfinder Yes No
 I wish to join the following Special Club Program _____

Approval by Parents or Guardians

The applicant is at least 10 years of age or in 5th grade as a Junior Pathfinder, or in grade 7 as a Teen Pathfinder.

We have read the Pathfinder Pledge and Law and are willing and desirous that the applicant become a Pathfinder. We will assist the applicant in observing the rules of the Pathfinder organization. In consideration of the benefits derived from membership, we hereby voluntarily waive any claims against the club or the _____ Conference of Seventh-day Adventists for any accidents, which may arise in connection with the activities of the Pathfinder club.

As parents/guardians we understand that the Pathfinder club program is an active one for the applicant. It includes many opportunities for service, adventure, and fun. We will cooperate:

1. By learning how we can assist the applicant and his leaders.
2. By encouraging the applicant to take an active part in all activities.
3. By attending events to which parents are invited.
4. By assisting club leaders and by serving as leaders if called upon.
5. By supplying needed information on the Membership Application and Health Record.

We hereby certify that _____ was born on _____
Applicant name *month/day/year*

Name & signature of father or guardian

Father's or guardian's occupation

Name & signature of mother or guardian

Mother's or guardian's occupation

Date of application: _____



The Pathfinder Commitment

Planned Activities

By joining the Pathfinder Club, you will be able to participate in many fun activities. The following is a partial list.

- 4 Campouts
- A year-end trip for those who earn at least 80% of the years points
- At least 3 series of honors will be offered
- Opportunity to be on the drill team
- Monthly fun, educational programs
- Monthly Share Your Faith/Outreach activities
- Christmas and year-end parties
- Fundraising campaigns
- Conference-wide events, such as the Fair and the Camporee

MY COMMITMENT

In order to get the most out the Pathfinder program and to help ensure the most positive experience possible for all concerned, I, the Pathfinder, agree to:

- Be on time to all activities.
- Consistently attend all activities. (A Pathfinder, who misses three weeks in a row, without contacting his counselor or the director with an explanation, will be dropped from the club membership. He/she may reapply, but will be required to pay the registration fee again.)
- Participate willingly in all activities.
- Do my share of the work. (Remember that different tasks will be required for different activities.)
- Speak with respect to my fellow club members and to all Pathfinder staff.
- Keep a positive attitude.
- Wear the appropriate uniform in the appropriate manner. (Dress uniforms AND field uniforms MUST be tucked in at all times.)
- Bring my dues every week. (This will help with the costs of supplies for the many activities throughout the year.)
- Obey all regulations and instructions given by all Pathfinder staff.
- When I have a concern or complaint, discuss it with my counselor instead of complaining to other Pathfinders.
- Share with my counselor any ideas or suggestions that I may have.
I also understand that not all suggestions or ideas will be put to use, however, each one will be sincerely considered and acted on when it is possible and in the best interest of all concerned.

By signing my name, I commit to the above Pathfinder requirements.

By my parent/parents signing their name, they commit to assisting me in meeting these requirements.

Pathfinder's Signature

Parent's Signature

Parent and Guardian’s Agreement

I have read and understand the Pathfinder Club Membership Application and have signed that application on behalf of the minor named on the application. I understand that while participating or attending Pathfinder functions that the child is subject to the rules, guidelines, policies, instructions, directions, and orders of the Pathfinder club and its staff. I agree that I will not interfere with the Pathfinder staff in the conduct of its duties while participating in or attending such events with my child; I agree to this because I understand that to do so will undermine the purpose of the Pathfinder organization.

It is my right and duty to inform the senior staff or director of the Pathfinder club immediately should I observe action taken by any Pathfinder or staff member that I believe to be inherently dangerous or potentially harmful or inappropriate.

I understand that the participation of my child in the Pathfinder club is “at will” and the club or I may remove my child from the rolls of the Pathfinder club at any time. I understand that this will not disqualify my child from future participation in Pathfinders although there may be a specified period of time for temporary disqualification should it be deemed appropriate. I understand that if I remove my child from the Pathfinder club or my child is expelled by the club I am not entitled to any reimbursement of funds paid for joining the Pathfinder club.

I agree to assist the club according to those items delineated in the Pathfinder Club Membership Application. That my signature on the application is my contract to pay fees associated with the Pathfinder club and those fees must be paid as agreed unless waived by the director or club council as a result of my specific request for financial waiver or assistance to the director.

I understand that if I seek financial waiver or assistance the information I supply to the director will remain the property of the Pathfinder club. The Pathfinder club will use this information only for the purpose of considering my request for financial assistance and will not without my foreknowledge share this information with any other department of the church or outside entity public or private. I understand that in some cases as a result of financial accountability to the church the church Pastor(s), Treasurer, and/or board may be made aware of this information and that they will not use the information for any purpose other than auditing and will not share the information within the church or make the provided information public.

I understand that the medical information provided to the club during this process will remain confidential. The information will be carried on and to all outings and campouts and will be made available to any Pathfinder or conference medical officer or any medical or emergency professional in the case of an accident or emergency. The information will be shared with doctors and medical facilities as required for the treatment of injury or illness.

Print Name (father) guardian1	Sign	Date
-------------------------------	------	------

Print Name (mother) guardian2	Sign	Date
-------------------------------	------	------

Witness 1	Witness 2
-----------	-----------

Pathfinder Uniform Rental Agreement

Dear Parents,

We have established a uniform rental program for our Pathfinders. The purpose of this program is to help minimize the cost of uniforms for your Pathfinders. Because Pathfinders are at an age where they grow so quickly, you may not want to buy a uniform. This option is still available to you, but if you choose the rental program, it will be available under the following terms.

1. Rental period will be from possession of uniform (_____) until _____.
2. You agree to return the uniform when you withdraw your Pathfinder from the club or at the end of the year.
3. The uniform must be returned in usable condition. If any part of the uniform is torn you agree to replace the uniform at the current new uniform price. It is understood that there will be normal wear of the uniform and you are not liable for this.
4. At any time during the year, you may request a replacement part of the uniform as your Pathfinder outgrows it. If at all possible, this request will be honored.

Rental rates are as follows:

		<i>Initial Needs</i>	<i>Paid k/Cash</i>	<i>Size</i>	<i>Initial Rec'd</i>	<i>Initial Retn'd</i>
Skirts/Pants	\$ _____/year					
Blouses/Shirts	\$ _____/year					
<i>The following items are to be purchased:</i>						
Belt/Buckle	\$ _____					
Tie (b/g)	\$ _____					
Neckerchiefs	\$ _____					
Honor Sash	\$ _____					
Name Badge	\$ _____					
Field Uniform	\$ _____					
Total Due - _____						

By signing your name you indicate agreement with the above noted conditions. Also, please note that payment is required before the uniform will be issued.

Pathfinder Name: _____

Parent's Signature: _____ *Date:* _____

Boys; Waist _____ Inseam _____ Chest _____ Neck _____

Girls; Waist _____ Inseam/Length from waist line to knees _____ Chest _____ Neck _____

Dress Code

Although Pathfinders is an organization open to all who wish to join, we are sponsored by and enjoy upholding the Christian standards of the Seventh-day Adventist Church. The General Conference of Seventh-day Adventists has put forth the Church Manual as a guide in Doctrine and moral conduct. Many aspects of the rules that regulate activity, appearance, and behavior, are as a direct result of this book.

DRESS

Pathfinder activities will always be conducted in uniform unless the project is of a nature that it requires work clothes that may be ruined.

Pathfinders will always be neat, clean, and well groomed. For young men this means wrinkle-free pants and shirts that are clean and stain free, properly combed hair of a conservative length and style, as well as clean faces and hands. No Jewelry of any sort is allowed.

For young ladies, the same conservative nature applies. Clothing should be well kept, clean, and wrinkle-free at all times. If skirts are part of the uniform, a length no shorter than the top of the knee, when standing, is appropriate. Footwear is to be low-heel and closed toe with stockings or socks as defined by the Pathfinder Uniform Guide. Hair should be worn in appropriate styles that portray a conservative nature. Clean faces and hands are expected. For those teen girls who wear make-up, conservative skin tones that do not draw attention to ones self may be used in appropriate quantities. No Jewelry of any sort is allowed.

Staff members will be held to the same standards of grooming as the Pathfinder. Married staff members may wear a conservative wedding ring, as may be the social custom in your culture.

THE UNIFORM TYPES

Class A – Full Dress uniform. Appropriate for: Pathfinder meetings where they will not be damaged in the meetings activities, Special Ceremonies, Inspections, and Outreach or Fundraising activities.

Class B – Dress Uniform Shirt and long Denim Jeans. This is one version of a field uniform and is for more rigorous activities where a Dress uniform is not appropriate or practical.

Class C – This is a field uniform, which consists of a T-shirt and Denim Jeans. Normally this uniform is worn for hiking, camping and other activities where the uniform may become soiled or damaged as a result of the activity. The *Class C* shirt has the name/logo of the Pathfinder Club on it, and often the Pathfinder Triangle Logo.

Community Service – For some community service projects it may not be practical for club members to be in uniform. Clothing of a disposable nature or that the club member will not mind damaging may be more appropriate for activities such as painting, home repair, and other potentially messy projects. Even when not in uniform, all Pathfinders will be expected to present themselves in a conservative manner that is an appropriate representation of the Pathfinder program.

CONTINUING CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION

I (we) the undersigned parent(s) or legal guardian(s) of

_____ (Born on _____), a minor, do hereby consent to
Name of child mm /dd/yy

Any x-ray examination, injection, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of _____ (Phone# _____ - _____ - _____), or
Name of Physician area code

any physician the organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the organization unless necessary for life saving measures. In addition consent is given for necessary life saving measures in rural conditions by qualified medical and Emergency Medical personnel appointed or call by the organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment, which might be required and is given to authorize _____
Organization

or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in effect until revoked in writing and delivered to the organization entrusted with the custody of said minor.

The above named minor is is not covered by health insurance.

Insurance provider: _____ Policy No. _____

Physician's office address: _____

As parent(s) legal guardian(s) of said minor I am in favor of him/her attending group functions and participating in group activities as scheduled, accept those prescribed restrictions found on page 2 of this form. The health history on page 2 of this form is correct to the best of my knowledge and I release from liability the organization, the staff and its leadership in case that this information may not be complete or correct and medical treatment is provided resulting in further injury or health risk. In addition I have read and understand the above Emergency Authorization statement and give my full consent to the terms found therein. I consent to the photo copying or reproduction of this form and its use in confidential manner for the operation of the organization.

father date

mother date

legal guardian 1 date

legal guardian 2 date

STATE OF _____ Subscribed and sworn to, before me on this
COUNTY OF _____

Signature _____
day month
My notary Expires:

CONTINUING CONSENT TO TREATMENT AND HEALTH INSURANCE INFORMATION - PAGE 2

The following information must be provided for your minor to join the organization:

Check all that apply:

- FREQUENT SORE THROATS
- ABSCESSSED EARS
- SINUSITIS
- BRONCHITIS
- FAINTING
- STOMACH UPSETS
- CONSTIPATION
- BED WETTING
- KIDNEY TROUBLE
- CONVULSIONS
- SLEEPWALKING
- ATHLETE'S FOOT

- MENSTRUAL PROBLEMS
- HEART TROUBLE
- HEADACHES/MIGRAINES

ALLERGIES:

<input type="checkbox"/> DRUGS	PLEASE LIST: _____
<input type="checkbox"/> FOODS	_____
<input type="checkbox"/> PLANTS	_____
<input type="checkbox"/> BEE STINGS	_____
<input type="checkbox"/> OTHER	_____
_____	_____
_____	_____

Continuing Physical Problems: _____

Immunization record:

<input type="checkbox"/> MMR	DATE: _____	<input type="checkbox"/> D.T.BOOSTER	DATE: _____
<input type="checkbox"/> TETANUS	DATE: _____	<input type="checkbox"/> POLIO	DATE: _____
<input type="checkbox"/> OTHER	DATE: _____	<input type="checkbox"/> OTHER	DATE: _____

Activity Restrictions: _____

Personal contact information:

father home phone _____	father work phone _____
mother home phone _____	mother work phone _____
father cellular phone _____	mother cellular phone _____

Non-parent Emergency Contact:

Name _____	home phone _____
work phone _____	cellular phone _____

Name: _____

OTC Medications and Detailed History Form

It is understood that there are many Over-the-counter medications today. We do not want youth carrying their own medications at any age, as minors we accept that they require supervision for the use of any drug or narcotic substance. This form offers you, the parent, the opportunity to inform us, the organization, as to what treatments you prefer your child to be administered for minor aches and pains as cared for by our first-aid team. The organization does not carry every conceivable otc drug available, we will make our best endeavor to carry the most common for a variety of uses in name brand or generic form. If you list an item we do not carry the head of our first-aid team will discuss the matter with you giving you an opportunity to provide the requested item or to choose and alternative item.

List the OTC drug you prefer for the items below please:

headache _____

migraine _____

nausea _____

cramping _____

menstrual pain _____

toothache _____

muscle pain _____

joint pain _____

cuts and abrasions _____

hay fever/antihistamine _____

cold and flu _____

other - list symptom and otc drug: _____

In case you or your minor's doctor can not be reached please list any immunizations your minor has not received according to normal schedule. Please list any surgeries or internal procedures your minor has received and any metal pins or screws placed in bones etc. Also list any chronic diseases or heart, digestive, or pulmonary irregularities your minor suffers from. In the event of an emergency requiring a surgical procedure or MRI this will all be critical information and not having this information will delay medical action.

Parent or legal guardian signature

date

State Of _____	Subscribed and sworn to, before me on this		
County of _____	_____ day	_____ month	_____ year
signature/stamp		expiration	

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OTC Medication Authorization

I, the parent/legal guardian of _____, give the
Full Name of Youth
 _____ staff permission to give the following
Name of Organization
 non-prescription, over-the-counter medication to my son/daughter in the event that he/she displays the following symptoms without indication of a major underlying illness.

**** Our medical staff will keep a supply of the most commonly administered OTC medications. Parents or guardians are welcome to provide a supply of their preferred medications to the medical staff.**

Please circle the medication(s) that we are authorized to give your child.

1. Headache of short duration and moderate severity:
 a. Tylenol b. Motrin c. None
2. Nausea, vomiting, diarrhea, gas pains:
 a. Emetrol b. Antacid c. Kaopectate d. Imodium A-d e. None
3. Cold, flu-like symptoms, including fever of short duration, sore throat, stuffy nose, cough, sinus congestion:
 a. Tylenol b. Throat Lozenges c. Sudafed d. Robitussin DM e. None
4. Menstrual cramps of moderate severity:
 a. Tylenol b. Motrin c. None
5. Mild environmental allergic reactions
 a. Benadryl b. 0.5 Hydrocortisone Cream c. Caladryl Lotion e. None
6. Stinging, burning, itching eyes caused by allergies or swimming:
 a. Visine b. None
7. Minor cuts and abrasions:
 a. Triple Antibiotic Ointment b. Hydrogen Peroxide c. None
8. Other: _____

Signature: _____ **Date:** _____
Parent/Guardian

State Of	Subscribed and sworn to, before me on this
County of	_____
	day month year
signature/stamp	expiration

Prescription Medication Authorization

I, the parent/legal guardian of _____, give the
Full Name of Youth
_____ staff permission to give the following
Name of Organization
prescription medication to my son/daughter according to the instructions I have
provided in accordance with my minor's physician.

**Please list the medication(s) that we are authorized to give your child.
Please include dosage, intervals, and other pertinent information
regarding the administering of the medications.**

*****All prescription medications must be supplied by parents or guardians in amounts
that will last at least the duration of the event the minor is attending.***

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Signature: _____ **Date:** _____
Parent/Guardian

State Of _____	Subscribed and sworn to, before me on this
County of _____	_____
	day month year
signature/stamp	expiration

Pathfinder Pick-Up Authorization

Pathfinder Name: _____

Parent/Guardian Name: _____

The following individuals are authorized to pick up my child from Pathfinder meetings and other Pathfinder functions.

Name: _____

Relation to Pathfinder: _____

Name: _____

Relation to Pathfinder: _____

Name: _____

Relation to Pathfinder: _____

Name: _____

Relation to Pathfinder: _____

All individuals must be at least 18 years of age, and be prepared to show a picture I.D. if he/she is not recognized by a staff member.

Any changes in this list must be made in advance, as your Pathfinder will not be released to anyone without prior written authorization.

This is for the safety of your Pathfinder, and your cooperation is appreciated.

**All changes must be presented to the director
by the parent/guardian in person.**

Parent Signature

Date Signed

Administrative Signature

Date Signed

Pathfinder Club Photo/Video Waiver

I, _____, grant permission to the _____ Pathfinder Club to take photos and videos of my child, _____, during any and all Pathfinder functions. I understand and agree that these photos and videos may be used in any manner that the Pathfinder staff deems appropriate. I further understand that any such use of the above mentioned materials would be done in a responsible and Christian manner and with the best interest of my child always in mind.

I also agree to relieve the _____ Pathfinder Club, the church, and its staff of any legal responsibility for any issues arising from the use of my child's photos and videos.

Pathfinder Name

Parent/Guardian Name (Print)

Witness Signature

Parent/Guardian Signature

Date

Date

Pathfinder Club Website Waiver

I, _____, agree to allow the _____ Pathfinder Club to use photos and other general, non-invasive information (i.e. name, age, grade) pertaining to my child on the _____ Pathfinder Club Website.

I understand that any such use of the above-mentioned information and photos will be done in a responsible and Christian manner and with the best interest of my child always in mind. I also agree to relieve the _____ Pathfinder Club, the church, and its staff of any legal responsibility for any issues arising from the use of my child's information on the Pathfinder Club Website.

Name of Pathfinder

Name of Parent/Guardian (Print)

Witness Signature

Parent/Guardian Signature

Date

Date



Pathfinder Parent Questionnaire

Name: _____ Phone# _____

Name of your Pathfinder: _____

1 Please check the ways in which you would like to help our Pathfinder Club.

_____ Honor/Craft Instruction	_____ Equipment/Supplies Donations
_____ Financial Support	_____ Assisting With Fundraisers
_____ Other (Please Explain)	_____

2 Please list any Honors or Crafts that you would be interested in teaching.

_____	_____	_____
_____	_____	_____

3 Have you ever been a Pathfinder staff member before? _____

If so, where and when? _____

In what capacity? _____

4 What, if any, suggestions/ideas do you have for Pathfinder Club activities?

Share Your Faith/Outreach _____

Educational Outings/Activities _____

Fundraising Activities/Events _____

5 Do you have any comments or suggestions that might benefit our Club?



Pathfinder Questionnaire

1 Print Full Name: _____ Age: _____ Grade: _____

Physical Description

2 Height: _____ Weight: _____ Male or Female? _____

Eyes: _____ Hair: _____ Birthday: _____ Birthplace: _____

Ethnicity: _____

Background Information

3 What school do you attend? _____

4 What church, if any, do you attend? _____

5 Have you ever been a Pathfinder or T.L.T. before? _____

If so, where and when? _____

6 List all Pathfinder class ranks received. _____

7 List all Pathfinder AJY Honors received. _____

8 Do you have a nickname? _____ If so, what is it? _____

9 What is your favorite kind of food? _____

10 What kind of clothing do you like? _____

11 Do you like sports? _____ Which ones? _____

12 What are your hobbies? _____

13 What are your pet peeves? _____

Pathfinders Questionnaire Page 2

14 What are your favorite sayings? _____

15 What do you like about Pathfinders? _____

16 What do you dislike about Pathfinders? _____

17 What qualities do you like in yourself? _____

18 What do you dislike about yourself? _____

19 What qualities do you look for in a friend? _____

20 What are some activities you enjoy participating in? _____

21 Why did you join Pathfinders? (please be honest about your reasons)

22 Other comments: _____

Congratulations! You're a Pathfinder!!

It's going to be a great year, and we're happy to have you with us. Our first meeting will be _____ at _____am/pm. From that point on, we will meet every _____, unless otherwise stated.

Weekly dues is \$_____, and you should bring it with you each week in order to receive all of your points. Your dues will help the club pay for supplies for all the honors and other activities we will be doing throughout the year, so don't forget.

Since we do not yet have uniforms available, you should wear a plain t-shirt and clean jeans to the first meeting.

If you have any questions, please feel free to contact one of the following people for assistance.

Name:
Phone:
E-Mail:

OR

Name:
Phone:
E-Mail:

Have a great week, and we'll see you on _____!



Pathfinder Uniform Classifications

Class "A" Uniform (Full Dress) –

Shirt/blouse, pants/skirt, scarf, belt & Pathfinder Buckle, sash, polished black shoes, appropriate socks or stockings.

Class "B" Uniform –

Shirt/blouse, jeans or other solid colored non-uniform pants/skirt (dark blue is preferred – jeans are best), belt and buckle. The club cap will also be worn with Class "B" uniform.

Class "C" Uniform (Field Uniform) –

Same as Class "B", except that the shirt/blouse will be replaced with the club t-shirt.

****Pathfinders will be expected to know all classifications.
The monthly calendar will tell what class uniform is to be worn
for each meeting or outing.***

Things To Learn & Remember



The Pathfinder Pledge

By the grace of God...
I will be pure, kind, and true
I will keep the Pathfinder Law
I will be a servant of God
And a friend to man.



The Pathfinder Law

Is for me to...
Keep the morning watch
Do my honest part
Care for my body
Keep a level eye
Be courteous and obedient
Walk softly in the sanctuary
Keep a song in my heart
Go on God's errands



The Pathfinder Song

Oh, we are the Pathfinders strong
The servants of God are we
Faithful as we march along
In truth in purity
A message to tell to the world
A truth that will set us free
King Jesus the Savior is coming back
For you and me



Pathfinder Club

Pre-registration Sign-up

Parent(s) Name(s)	Pathfinder(s) Name(s)	Phone #(s)	Complete Address w/Zip	E-mail Address(s)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

PATHFINDER CLUB REGISTRATION

Date: _____

Time: _____

Location: _____ SDA Church

Address: _____

(Cross Streets: _____)

Registration Fee: \$____.____ per pathfinder

Uniform pricing information available at registration

Children ages 10-15 are eligible for membership as Pathfinders

High School aged teens are eligible for membership in the TLT

(Teen Leadership Training) Program

For more information contact:

_____ - Club Director

(____) ____ - _____

_____ @ _____

or

_____ - Administration

(____) ____ - _____

_____ @ _____

_____ Pathfinder Club

www. _____ .com/net/org

-----*Pathfinder Registration*
Station Assignments

Station Number/Description	Staff Member
Station 1: - Commitment, Application, and Parent/Guardian Agreement Forms	
Station 2 - Medical Forms <i>(Must Be Notorized)</i>	
Station 3 - Waivers & Authorizations <i>(Signature Must Be Witnessed)</i>	
Station 4 - Questionnaires	
Station 5 - Dress Uniform	
Station 6 - Field Uniform	
Station 7 - Total Fees/Invoicing	
Station 8 - Checkout (Parent Information)	

Pathfinder Registration Paperwork & Payment Status

Pathfinder Club Name: _____


Administrative Contact:

Pathfinder Name: _____

Date: _____


Name: _____

Phone#: _____

Title Of Form	Paperwork Status				Payment Status		 Special Notes
	Notary Required?	Not Yet Received	Rec'd/Incomplete	Rec'd/Complete	Amount Paid	Balance Due	
Pathfinder Commitment	No						
Pathfinder Application For Membership	No						
Parent And Guardian Agreement	No						
Continuing Consent To Treatment	Yes						
OTC Preferred Medications & History	Yes						
OTC Medication Authorization	Yes						
Prescription Medication Authorization	Yes						
Pathfinder Pick-up Authorization	No						
Photo/Video Waiver	No				\$	\$	
Website Waiver	No						
Pathfinder Questionnaire	No						
Parent Questionnaire	No						
Dress Uniform Order Information	No						
Uniform Rental Agreement	No						

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Pathfinder Club Registration Completion Record

 Pathfinder Name	Pathfinder Commitment	Membership Application	Parent/Guardian Agreement	Continuing Consent	OTC Preferred Medications	OTC Medication Authorization	Prescription Medication Authorization	Pick-up Authorization	Photo/Video Waiver	Website Waiver	Pathfinder Questionnaire	Parent Questionnaire	Dress Uniform Order Information	Uniform Rental Agreement	Invoiced	Payment Amount Due	Registration Complete